

Hazardous Waste Section
File Room Document Transmittal Sheet

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Your Name: Darnell Mitchell
EPA ID: N C D 9 8 6 1 7 3 1 4 4
Facility Name: Groves Trucking Complaint
Document Group: Inspection/Investigation (I)
Document Type: Compliance Schedule Evaluation (CSE)
Description: Activity Report
Date of Doc: 5/3/2011
Author of Doc: Bobby Nelms

File Room Use Only

Date Recieved by File Room:

Date Scanned:

Month	Day	Year

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Scanner's Initials:

**NC DEPARTMENT OF
ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF WASTE MANAGEMENT
ACTIVITY REPORT**

Date: 3 May 2011 **Report By:** Bobby Nelms **No:** 036

Subject: Groves Trucking Complaint

Location: 408 B Village Road

City: Leland, NC **Zip:** 28451 **County:** Brunswick

Contact Person: Ronnie Groves

Tel#: (910) 617-6004

Reason for visit: ~~EUT~~ *CSF*

REPORT: On this date I met with Mr. Ronnie Groves to follow up on my complaint investigation from 4 April. Mr. Groves and I walked over his property and observed that all issues noted during my previous visit had been addressed.

No further HWS action is needed.

Activity type: ~~EUT~~ *CSF*

*FCF comp
4-4-11
NCD 984173144*

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Hazardous Waste Compliance Data Entry Form

EPA ID Number:

Facility Name: Groves Trucking

P.O. Box 75

Street: 408 B Village Road

City: Leland

ZIP: 28451

County: Brunswick

Contact Name: Ronnie Groves

Phone: (910) 617-6004

EVALUATION DATA

New: X Change: Delete:

Date: 04/04/2011

Evaluation Type: FCI/CMP

Date: 5/3/2011

Evaluation Type: ~~FCI~~ CSE

Inspector ID #: 036